



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

For use with xMAP®
Technology &
Luminex®
Instrumentation
(or equivalent). Call
for Details.

HUMAN SEPSIS / APOPTOSIS PANEL

Customer's Name: _____ Acct #: _____

Tele: _____

Job Title:

Purchasing Agent End User

Fax: _____

EMAIL Address: _____

New Customers:

How did you hear of us?

Website IBC Webcast Mag. Ad Email Broadcast

Trade Show Other

Principal Investigator: _____

Order Information

PO #: _____ End User: _____

Credit Card # _____ Exp. Date: _____ MasterCard Visa

Cardholder's Name: _____

Payment Terms: Net 30 Days

Freight Terms: Prepaid & Added

FOB: Shipping Point

Check: *I have read and agree that the terms listed above will apply to this order. If a FedEx account number is provided, Freight Terms will be Collect.*

Bill to:

Ship to:

COMMENTS _____

Human Sepsis / Apoptosis Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HSEP-63K-__		Human Sepsis / Apoptosis Panel	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
HASP-PAI1		Anti PAI-1 (Total) Beads		
HSP-SFASLG		Anti sFasL Beads		
HSP-SFAS		Anti sFas Beads		
HSP-MIF		Anti MIF Beads		
HSP-SICM1		Anti sICAM-1 Beads		
HSP-SVCM1		Anti sVCAM-1 Beads		

Delivery within three business days.

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